

September 28, 2016

State of New York – Dept. of Labor New York State – Department of Labor Worker Protection Central Processing Asbestos Project Notification Room 290 B State Office Campus, Bldg. 12 Albany, NY 12240

Project Reference No. 26209842 **Amended Online** 

US-EPA REGION 2 DECA – Air Compliance Branch 290 Broadway, 21<sup>st</sup> Floor New York, NY 10007-1866 Attn: Mr. Max Rehfeld

Hard Copy: Mailed to NYC

RE: The Commerce Building - 708 Third Avenue 7th & 12th Floors. New York, NY 10017.

## AMENDMENT - AMENDMENT - AMENDMENT

With regards to the above referenced project please be informed that as per the Owner's request this we will be abating an additional 4,000 SF of VAT & Mastic.

Abatement Location: 12th Floor South East

Schedule: Monday through Friday 7:00 PM to 3:30 AM, Sunday 8:00 AM to 11:30 PM

Amount: 4,000 SF of VAT & Mastic via Interior Foam Procedure

Should you have any questions please do not hesitate to call our office at 212-431-0696.

Sincerely,

Teresa Borowiec (Job # 16A-620)

511 Canal Street 3rd Floor, New York, NY 10013 Tel: 212.431.0696 Fax: 212.431.5764 www.degmorinc.com

**ONE COMPANY • ONE SOLUTION** 

OPERATOR N PROJECT#	NAIVER(S) ([	DEP ONLY	POSTA	//ARK (DEF	USE	ONLY)	DATE RECEIVED	NOTIFICATION #			
TYPE OF NOTIFICATION	1/0 00101111	^									
					0	\	WPR Notice?				
II. FACILITY INFORMATION	(IDENTIFY O	WNER, REMO	VAL CON	TRACTOR,	AND O	THER OP	ERATOR)				
OWNER NAME: ADDRESS: 708 Third Av	COLUMN TO	- 408 7	hird	Avenue	EA	550Ci	cites, LL	C			
CITY: New York	/ende	· · · · · · · · · · · · · · · · · · ·									
CONTACT: Karla Kuda	STATE: New York				ZIP: 10017						
REMOVAL CONTRACTO		Environmenta	I Sanjinas	110		TEL: (2	212) 557-1447				
	al Street, 3 <sup>rd</sup> Flo	or	1 Del VICES	, LLC				-			
CITY: New York				STATE: New York			ZIP: 10013				
	CONTACT: Teresa Borowiec						TEL: (212) 431-0696				
OTHER OPERATOR: Er	nvironmental Bu	uilding Solution	s, LLC			166. (2	12) 431-0090				
ADDRESS: 494 8th Av	venue – Suite 1	403									
CITY: New York				rk		ZIP: 10001					
CONTACT: John Leitr	CONTACT: John Leitner						TEL: (646) 290-5925				
III. TYPE OF OPERATION (D	=DEMO, O=OF	RDERED DEMO	D, R=REN	IOVATION	F=FMF						
IV. IS ASBESTOS PRESENT	? (YES/NO)	Yes				rt. rtLivo	VATION).				
V. FACILITY DESCRIPTION			NUMBEE	AND ELOC		7001111					
BLDG. NAME: The Co	mmerce Buildir	na	TOMBLI	AND FLOC	JR UR	ROOM NO	JMBEK)				
ADDRESS: 708 Third A		<u> </u>	* V 10								
CITY: New York		STATE:	New Yo	ork	T	COUNTY	· Now York				
	12 <sup>th</sup> Floors					0001111	: New York				
	9,326	NUMBER (	OF FLOO	RS: 35		AGE IN Y	EARS: 85				
PRESENT USE: Comm	nercial		F	PRIOR USE:		ommercia					
VI. PROCEDURE, INCLUDING	ANALYTICAL	METHOD, IF A	APPROPE	PIATE LISER	D TO D	ETECT TI	IE DDECENOE				
OF ASBESTOS MATERIAL:		,		.,, ., ., .,	0100		TE PRESENCE				
Presence of asbestos alread	v determined										
in a second different	y determined.										
/II ADDDOVIMATE ANGLINE											
VII. APPROXIMATE AMOUNT ( ASBESTOS INCLUDING:	OF	RACI TO BE REI		NONFRIABLE ASBESTOS INDIC MATERIAL NOT TO BE MEASUR		ATE UNIT OF					
1. REGULATED ACM TO BE R	)EMOVED	10 DE REN	NOVED		CIAL NO CEMOVE		MEASUR	EMENT BELOW			
2. CATEGORY LACM NOT RE	MOVED				CIVIOVI						
B. CATEGORY II ACM NOT RE											
				CATI	CA	AT II	LIAIT				
168		ACPI		CALL	1 04	\	UNIT LnFt:	Ln m:			
		VAT & Mastic									
11,900+ 4,000 VAT	? Mastic	V/() & Mastic					SqFt.	Sq m:			
	(						CuFt:	Cu m:			
III. SCHEDULED DATES ASBE	ESTOS REMO	VAL (MM/DD/Y	<u>Y)</u> s	ΓART:	09/08/2	2016	COMPLETE:	08/08/2017			
C. SCHEDULED DATES DEMO	O/RENOVATIO	N (MM/DD/YY	) ST	ART:		* * *	COMPLETE:				
		70									
. DESCRIPTION OF PLANNE		IN OR KENOV	AHONW	ORK, AND	METHO	DD(S) TO	BE USED:				
						1, 1					

VI DECODITE	LOCIMORIADO								
ASPESTOS AT	OF WORK PRACTICES AND ENGINEER	RING CONTROLS TO BE USED	TO PREV	VENT EM	ISSIONS OF				
ASDESTUS AT	THE DEMOLITION AND RENOVATION S	SITE:							
\(\frac{1}{2}\)									
XII. WASTE TRAN									
NAME:	Vandan Disposal Inc.			546	* * · · · · · · · · · · · · · · · · · ·				
ADDRESS:	1009 Glen Cove Ave		***	17.	TIN .				
CITY:	Glen Head	STATE: NY	710	710					
CONTACT PERS	ON: Marke Tabor	STATE. INT	ZIP:	ZIP: 11545					
WASTE DISPO	SABLE SITE #1	The second secon	TELE	EPHONE: (718) 991-2828					
	110 Sand Company Clean Fill Disposal Sit		12 - va. w	7.11.11.11.11.11.11.11.11.11.11.11.11.11					
	136 Bethpage-Spagnoli Road	е		W95-11- 1-2					
	Melville		-1	T					
	507. Did 10 1000-	STATE: NY			ZIP: 11747				
CONTACT PERS	ON:								
XIII. WASTE DISPO	SAL SITE			TELEPHONE: (616) 938-0600					
	GROWS North Landfill				·				
	1000 New Ford Mill Road								
	Morrisville			1					
		STATE: PA		ZIP:	19067				
TELEPHONE: (2									
IV. WASTE DISPO									
NAME:	Minerva Enterprises, LLC.								
ADDRESS:	8955 Minerva Road S.E.								
CITY:	Waynesburg	STATE: OH			- 44000				
TELEPHONE:	( 330) 866-3435	STATE: OH		ZI	P: 44688				
XIV. IF DEMOLITION	ORDERED BY A GOVERNMENT AGEN	CV DI EASE IDENTIEVITUE AC	ENOX 5	ELOVA					
NAME:	THE TENT OF THE TOTAL PARTY OF THE TENT OF		TITLE:						
AUTHORITY:		I IIILE.							
DATE OF ORDER	(MM/DD/YY):	DATE ORDERED TO RECO	AL /AARA/DE						
KV. FOR EMERGEN		DATE ORDERED TO BEGI	N (MINI/DL	J/YY):					
	OF EMERGENCY (MM/DD/YY):			~					
	THE SUDDEN, UNEXPECTED EVENT:		· · · · · · · · · · · · · · · · · · ·						
EXPLANATION OF	HOW THE EVENT CAUSED UNSAFE CONDI	TIONS OF WOLLD CALLES SOUR							
FINANCIAL BURDE	EN:	HOMS OR WOULD CAUSE EQUIPM	MENT DAI	MAGE OR .	AN UNREASONAB	LE			
VI. DESCRIPTION C	OF PROCEDURES TO BE FOLLOWED IN	THE EVENT THAT LINEXPECT	ED ASP	ESTOS IS	EOUND OD				
PREVIOUSLY NO	ONFRIABLE ASBESTOS MATERIAL BEC	COMES CRUMBLED PULVERIZ	ED OR	BEDITCE:	TO POWER				
Any ACM, which	is discovered unexpectedly or non-friable	ACM, which becomes crumbled a	vill he im	mediately	wet with				
amended water a	nd cleaned up with HEPA vacs to be put i	n 6 mil poly bags for proper dispo	50 iiii isal	cuiateiy	AACT AALTH				
	,	,g p. oper dispe	33						
VII. I CERTIFY THAT	AN INDIVIDUAL TRAINED IN THE PRO	VISIONS OF 40 CFR PART 61	SUBPAR	TM					
MILL BE ON-SII	E DURING THE DEMOLITION OR RENC	VATION AND EVIDENCE THAT	THE RE	OLURED	TRAINING HAS				
BEEN ACCOMP	LISHED BY THIS PERSON WILL BE AVA	ILABLE FOR INSPECTION DUR	RING NO	RMAL BU	ISINESS HOURS				
I CERTIFY THAT	THE ABOVE INFORMATION IS CORRE	CT.							
					7				
2/02/02/03	125/11 1/20/11	-		1	5				
अद्गरण ७	720/16/16	(Signature of Owner/Operator)	LEN. R.S	sa L	MOWIEC				
	(	Degmor Environmental Serv	ices, LL	.C / Teres	sa Borowiec				